

FAA/MP

11th September 1995

Dr. J. S. Metters,
Departmental Chief Medical Officer,
Department of Health,
Richmond House,
79 Whitehall,
London, SW1A 2NS

Dear Dr. Metters,

At a recent meeting of the UKBTS/NIBSC Standing Advisory Committee on Transfusion-Transmitted Infections (SACTTI), it was noted that the MSBT was reluctant to sanction investigation of any potential association between transfusion and CJD transmission, presumably because of the risk of raising unnecessary public anxiety.

Transfusion services the world over, are vulnerable to frequently misleading, alarmist "investigative journalism" regarding issues where sufficient positive evidence of safety is still not available. Recent experience in many Western countries clearly shows that the public no longer accepts paternalism and there is a need to be pro-active in the investigation of emerging issues concerning the safety of the blood supply.

CJD is such an issue of major importance, and in the light of recent US and Canadian initiatives and recommendations, as well as German studies on patients who had received blood from donors subsequently shown to have suffered from CJD, we feel that the question should also be adddressed in the UK, if only to corroborate the lack of risk. There are opportunities for obtaining this crucial information in the UK, without causing alarm, or breaching confidentiality and ethical considerations:

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- By obtaining a list of those CJD cases on the national data-base who are thought to have donated blood in the past.
- Searching the blood transfusion service donor database, in order to determine whether any of these names are recognised, without necessarily referring to CJD;
- Determining the fate of donations from such individuals as may be identified, using transfusion service records.
- 4. Analysing hospital transfusion laboratory records retrospectively, in order to identify recipients of these blood donations.
- 5. Searching the National CJD Surveillance Unit records to find out whether any of the recipients are reported to have died of CJD. It may also be possible to obtain access to death certificates from OPCS.

We would urge MSBT to reconsider this matter, so that the UK Blood Services can maintain their record of honestly and sensibly monitoring the safety of the blood supply for the benefit of the patients we serve.

Yours since GRO-C

DR. F. A. ALA Chairman, UKBTS/NIBSC S.A.C.T.T.I.

copy: Dr. Rejman